

DEPARTMENT OF GENERAL SERVICES  
Records Management DivisionSCHEDULE  
NO. 628A-1PAGE  
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## RECORDS RETENTION AND DISPOSAL SCHEDULE

Maryland State Department of Education

Division of Vocational Rehabilitation

AGENCY

DIVISION

Item No.	Description	Retention
7.	<p>FORMS GENERATED AND MAINTAINED AT THE MARYLAND REHABILITATION CENTER ARE FOUND PRIMARILY IN CLIENT'S MEDICAL RECORDS AT THE CENTER INCLUDE:</p> <p>Revised Client Enrollment Date Sheet Client Enrollment Data Sheet MRC Consent Form Consent for General Medical Treatment Authorization for Assignment of Insurance Benefits General Rules &amp; Regulations Acknowledgement Dormitory Rules &amp; Regulation Acknowledgement Operative Consent, IVP, etc. Bed Rails Release Form Publicity Release Form Maryland Medical Assistance Program Form Maryland Medical Assistance-Medical Eligibility UC Agent Recertification Form Placed on Leave Form Returned From Leave Form Maryland Rehabilitation Service Plan Forms Maryland Rehabilitation Service Plan Amendment Interdisciplinary Care Plan Problem List Clinic Standing Medication Orders Therapeutic Recreation Services Client Prescription Physician's Order Sheet Therapy Prescription - Hearing &amp; Speech Therapy - Occupational Therapy - Physical Therapy Nurse Administered Regimen Drug Record Nurse Administered PRN Drug Record Treatment Record - Regimen PRN Treatment Record Medical Discharge/Transfer Summary Nursing Discharge Summary General Health Evaluation Record/History &amp; Physical Form RNU Social Evaluation Summary Health Clinic Nursing Assessment Record Nursing Admission Data Base</p>	<p>RETAIN FOR A PERIOD OF FIVE (5) YEARS AFTER THE DISCHARGE DATE OF THE CLIENT AND THEN DESTROYED BY SHREDDING OR OTHER ACCEPTABLE METHODS UNLESS THE SUBJECT OF THE RECORD WAS A MINOR ACCORDING TO STATE LAW AT THE TIME OF DISCHARGE (UNDER THE AGE OF EIGHTEEN (18) YEARS OF AGE). IN SUCH CASE THE RECORD WILL BE RETAINED FOR A PERIOD OF FIVE (5) YEARS AFTER THE SUBJECT OF THE RECORD ATTAINS LEGAL AGE. THEN DESTROY.</p>

Schedule Approved by Department,  
Agency, or Division Representative

Schedule Authorized by

Dec 3, 1990 Thomas Scheuring Asst Dir  
Date Signature Title12/21/90 Charles G.  
Date Signature State Archivist

# RECORDS RETENTION AND DISPOSAL SCHEDULE

(CONTINUATION SHEET)

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Item No.	Description	Retention
Cont.	<p>RNU Activities of Daily Living Evaluation  Monthly Nursing Assessment Record  Medical Progress Notes  Medical Release - Return to Program  Abbreviated Clinical Summary  Initial Nutritional Assessment Record  Bi-Monthly Nutritional Assessment Record  Individualized Therapeutic Recreational Assessment  Therapeutic Recreation Summary-Observed Client Activities  Chemistry I  Chemistry II  Body Fluids-Cytology  Electrocardiogram  Electrocephalogram  Hematology  Microbiology  Serology  Tuberculosis Screening  Urinalysis  X-Ray Request &amp; Report  Miscellaneous Laboratory Reports  Rehabilitation/Special Nursing Unit Social Evaluation  Rehabilitation Medicine Evaluation Report  Rehabilitation Medicine Utilization Review  Interdisciplinary Utilization Review  Occupational Therapy Evaluation Report  Occupational Therapy Pre-Driving Assessment  Occupational Therapy Work Capacity Report  Occupational Therapy Home Visit Report  Occupational Therapy Discharge Summary Report  Occupational Therapy Discharge Information List  Physical Therapy Medical Functional Evaluation Report  Physical Therapy Evaluation Report  Physical Therapy Home Visit Form  Physical Therapy Home Exercise Program  Physical Therapy Manual Muscle Evaluation-Trunk and Lower Extremity  Physical Therapy Manual Muscle Evaluation-Shoulder Girdle &amp; Upper Extremity  Physical Therapy Muscle Evaluation-Gross  Physical Therapy Weight Lifting Evaluation  Physical Therapy Post Wheelchair Maintenance Class Questionnaire-Manual Wheelchair Class  Physical Therapy Post Wheelchair Maintenance Class Questionnaire-Power Wheelchair Class  State of MD-Purchasing bureau-Wheelchair Prescription Form  Physical Therapy Discharge Summary  Physical Therapy Discharge Information List  Hearing &amp; Speech-Notification of Audiological Service</p>	

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Item No.	Description	Retention
Cont.	<p>Audiological Assessment/Audiological Assessment and Hearing Aid Check</p> <p>Speech-Language Evaluation/Cognitive Assessment Report</p> <p>Speech-Language Pathology Progress Report</p> <p>Speech-Language Pathology Discharge Summary</p> <p>Addictions Counseling Consultation</p> <p>Alcoholism and Drug Addiction Program Contract with Consult Form</p> <p>Addiction Counseling Intake Form</p> <p>Addiction Counseling Treatment Plan</p> <p>Addiction Counseling Support Service Questionnaire Form</p> <p>Addiction Counseling Summary/Termination Report</p> <p>Addictions Counseling Service Referral Assessment Form</p> <p>Addictions Counseling Support Service Schedule Contract</p> <p>Addiction Counseling Checklist Form</p> <p>Alcoholism &amp; Drug Addiction Program - Urine Monitoring Contract</p> <p>Michigan Alcohol Screening Test (MAST) Questionnaire</p> <p>Dental Consultation</p> <p>Dermatology Consultation</p> <p>Ear, Nose, &amp; Throat Consultation</p> <p>Gynecology Consultation</p> <p>Neurology Consultation</p> <p>Ophthalmology Consultation</p> <p>Orthopedic Consultation</p> <p>Podiatry Consultation</p> <p>Psychiatric Consultation</p> <p>Surgical Clinic Consultation</p> <p>Urology Consultation</p> <p>Other Medical Consultations</p> <p>Ambulance and Wheelchair Van Invoice</p> <p>Flow Sheets</p> <p>Hearing and Speech Attendance Forms</p> <p>Inventory of Personal Possessions</p> <p>Occupational Therapy Attendance Forms</p> <p>Physical Therapy Attendance Forms</p> <p>Therapy Prescription Form for Equipment</p> <p>Receipt of Appliance, Equipment, &amp; Supplies</p> <p>Counseling Progress Notes</p> <p>Re-enrollment Conference Form</p> <p>Transportation Request</p> <p>Correspondence (Memos, letters to and from Case Manager)</p> <p>Blind Unit Evaluation Report</p> <p>Vocational Evaluation Report</p> <p>Psychological Evaluation Report</p> <p>T. B. I. Assessment Summary</p> <p>Group Services Progress Report - Cognitive Skills Training</p>	

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Item No.	Description	Retention
Cont.	<p>Group Services Progress Report - Memory Group Group Services Progress Report - Psychosocial Group Work Adjustment Monthly Training Progress Report Work Adjustment Training Program Final Report Progress Toward Completion of Training Objective Tutoring Monthly Progress Reports Request for Driving Evaluation Training Department Situational Assessment Occupational Readiness Record Certificate of Achievement Job Seeking Skills Evaluation Report Technology Resource Consultation Report Tutorial Proposal Letter Any or all additional forms maintained in client Center Records</p>	